

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-022727

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317

Primary Registration District No. 541

Registrar's No. 1693

FILED JUN 11 1963

1. PLACE OF DEATH a. COUNTY <u>St. Louis County Hospital</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>ST LOUIS</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>CLAY KINLOCH Mo</u>		c. CITY OR TOWN <u>Kinloch</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Louis County Hosp</u>		d. STREET ADDRESS (If outside, give location) <u>8342 Warwick</u>	
3. NAME OF DECEASED (Type or print) First <u>Arthur</u> Middle <u>Ramey</u> Last <u>Ramey</u>		4. DATE OF DEATH Month <u>5</u> Day <u>23</u> Year <u>63</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2/8/1900</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	
13a. FATHER'S NAME <u>William Ramey</u>		13b. MOTHER'S MAIDEN NAME <u>E. Threet</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>4857</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pulmonary embolization</u> Conditions, if any, which gave rise to above cause, (a), stating the underlying cause, last: DUE TO (b) _____ DUE TO (c) _____		17. INFORMANT <u>CORA Ramey</u> Address <u>8342 Warwick</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Cor Pulmonale</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____
21. I attended the deceased from <u>5-18-63</u> to <u>5-23-63</u> and last saw her alive on <u>5-23-63</u> Death occurred at <u>2:35 P</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>L. A. J. Lemmon M.D.</u> (Degree, or title)		22b. ADDRESS <u>601 So. Brentwood Clayton Mo</u>	
22c. DATE SIGNED <u>5-24-63</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>5/27/63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Washington Park</u>	
24. FUNERAL DIRECTOR <u>Harris-Boyd Funeral Home</u> ADDRESS <u>3706</u>		25. DATE RECD. BY LOCAL REG. <u>5-27-63</u>	
26. REGISTRAR'S SIGNATURE <u>John B. Murphy</u>			

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS:

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

VS-300
Rev. 4/59

1 4002

2 4028

3

4 0

5 1

6

7 1

8 1

9 465X

10

11

12 45-0

13

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Henry C. Williams

Licensed Embalmer No.

4781

P. O. Address

1205 Walton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.